

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

And Skilled & Technical Sciences Education Endorsement(s) or Endorsement Plan (SAEP)

Last Name	First Name	Middle Name	Date	CACTUS ID #
Home Address		City	State	Zip
Birth Date				
E-mail Address		Work Phone ()		Home Phone ()
I am teaching at _____ (School) _____ (District) <input type="checkbox"/> Not Teaching Check your current Educator License area: <input type="checkbox"/> Secondary Education <input type="checkbox"/> Career & Technical <input type="checkbox"/> CTE/APP <input type="checkbox"/> No License Area				

Check only one	<input type="checkbox"/> I am requesting a CTE License and have attached the appropriate documentation. <input type="checkbox"/> I am requesting an endorsement(s). All endorsement requirements have been completed and the appropriate documentation is attached. A *\$40.00 endorsement evaluation fee is included. (must have a current Educator License with a Secondary or CTE area of concentration) <input type="checkbox"/> I am requesting a SAEP. All endorsement requirements will be completed within the timeframe identified in the plan. A payment of *\$40.00 is included. (must have a current Educator License with a Secondary or CTE area of concentration and be currently teaching in the endorsement area)
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Skilled & Technical Sciences Education Endorsement Area(s) For Which You Are Applying:		
Communication <input type="checkbox"/> TV Broadcasting Technician Visual Arts <input type="checkbox"/> Commercial Art <input type="checkbox"/> Commercial Photography Personal and Miscellaneous Services <input type="checkbox"/> Cosmetology/Barbering <input type="checkbox"/> Culinary Arts/Chef Protective Services <input type="checkbox"/> Fire Science <input type="checkbox"/> Law Enforcement	Construction Trades <input type="checkbox"/> Carpentry <input type="checkbox"/> Electrician <input type="checkbox"/> Masonry/Tile Setting <input type="checkbox"/> Plumbing Mechanics and Repairs <input type="checkbox"/> Aircraft Mechanics Technician <input type="checkbox"/> Automotive Collision Repair Technician <input type="checkbox"/> Automotive Services Technician <input type="checkbox"/> Electronics Technician <input type="checkbox"/> Heating/AC/Refrigeration <input type="checkbox"/> Heavy Duty Mechanics/Diesel <input type="checkbox"/> Small Vehicle Technician	Precision Production Trades <input type="checkbox"/> Cabinet Making/Millwork <input type="checkbox"/> Drafting/CAD <input type="checkbox"/> Graphics/Printing <input type="checkbox"/> Machinist Technician/CNC <input type="checkbox"/> Sheet Metal <input type="checkbox"/> Welding Technician Transportation and Material Moving <input type="checkbox"/> Commercial Aircraft Pilot Other _____

Employment Record (Related to the endorsement area(s) for which you are applying – *(Exclude teaching experience)*)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Verification Attached
M	Yr	M	Yr					
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Verification Attached
M	Yr	M	Yr					
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Verification Attached
M	Yr	M	Yr					
								<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

Employer evidence letters verifying your work expertise *and* experience must be submitted with this application.

Education							
If additional space is required, please attach a separate sheet of paper.							
Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	Mo	Yr	Mo	Yr			

Course Work (For SAEP only)						
Attach a copy of the transcripts						
Name of Institution	School term	Course No.	Course Name	Credits	Instructor	Date to be completed

Original transcripts from an accredited school/university with corresponding coursework highlighted must accompany this application. Computer printouts or copies **will not** be accepted.

Industry Certifications/ NOCTI Exam			
(Attach Documentation)			
Certification	Date Tested	Date Obtained	Date to be completed

Internship Record (For SAEP only)							
Letters from employers verifying internship experience, including date, must be submitted with application							
From		To		Total Months	Company Name & Address	Immediate Supervisor (Name and title)	Date to be completed
Mo	Yr	Mo	Yr				

References (Teaching and/or Employment)			
Name	Address	Position	Phone

Applicant Signature	X	Date	
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----- Information below to be completed by USOE personnel -----			
License Recommended:		<input type="checkbox"/> CTE/APP Level 1 <input type="checkbox"/> CTE Level 1 <input type="checkbox"/> CTE Level 2	
Attach Endorsement to:		<input type="checkbox"/> Secondary Education License <input type="checkbox"/> CTE License	
Approved Endorsement(s):			
Submit completed application, official transcripts, and/or other documentation and fees to: Stephanie Ferris USOE Educator Quality and Licensing 250 East 500 South, PO Box 144200 Salt Lake City, UT 84114-4200 Phone: (801) 538-7752 Endorsement - \$40.00 processing fee State Approved Endorsement Program (SAEP) - \$40.00 processing fee (*see explanation on front of application) License fee - \$45.00		USOE Specialist Approval <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	
		CTE Specialist Signature _____ Date _____	
		SAEP <input type="checkbox"/> Approved for _____ years <input type="checkbox"/> Not Approved _____ Work credits _____ course credits _____ total credits	
		CTE Specialist Signature _____ Date _____	